



A-PMTCT Plan

Social Mobilisation – Capacity
Building and Support to Community
Health Workers



**PROTECT YOURSELF
PROTECT OTHERS**

Community Media Trust



Produces & implements HIV / AIDS & related health education materials

OUTREACH – Treatment Literacy: 5 provinces, in-clinic facilitation, training external organisations, open days

PRODUCTION

- *Siyayinqoba* Beat It! TV show on SABC1 ~ reaches audience of 1 million viewers
- *Siyayinqoba* Beat It! HIV Prevention and Treatment Literacy DVD Series
- Branching into community media – TV & radio

Other projects – PMTCT A-Plan Project, Regional TL, Archive

HIV/AIDS & STI National Strategic Plan for SA 2007-2011

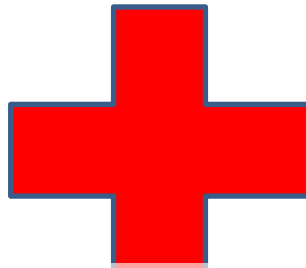
- Halving the HIV incidence rate
- Extending antiretroviral treatment (ART) coverage to 80% of those who need it - roughly 1,5 million adults
- 80% of new ART starts to be initiated by nurses
- *Increasing uptake of PMTCT services to 95%*
- *Increasing the proportion pregnant women tested for HIV to 95%*
- Increasing the number of adults who have ever been tested for HIV to 70%
- Increasing the proportion of adults tested for HIV in the last 12 months to 25%
- Test 90% of people testing positive for HIV for TB
- Test 90% of people diagnosed with TB for HIV

The Accelerated PMTCT Plan



Department of Health's A-Plan aims to improve and accelerate the provision of existing PMTCT Services

SUPPLY



Quality Improvement

DEMAND



Social Mobilisation

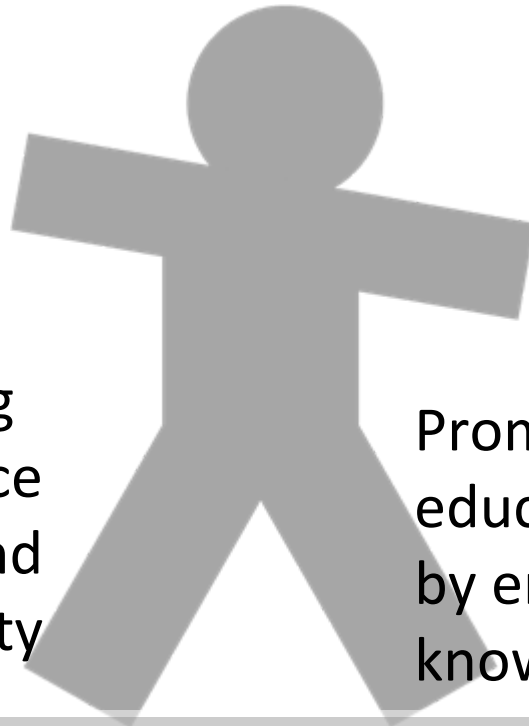
CMT's model for Community Healthcare Workers (CHWs)

Mid level health worker,
works
alongside trained
health professionals

Understands
medical protocols &
how the human body &
medicine works

Promotes health seeking
behaviour - interface
between health system and
the community

Promotes public health
education in the community –
by empowering with
knowledge



By providing the scientific information in a way that is easily understandable, the CHW can empower the patient and the community to take an active part in managing & improving their health - both preventative & curative

CMT's A-PMTCT Plan for Public Health Education



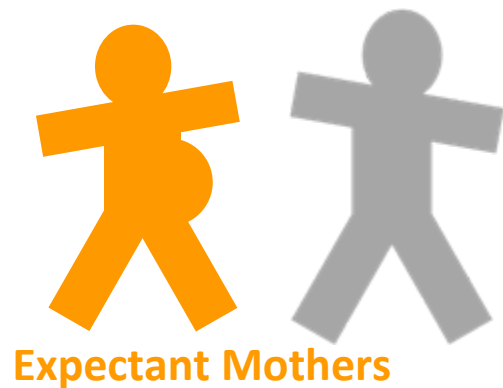
Capacity Building (social mobilisation)



In Clinic Facilitation (IPC)



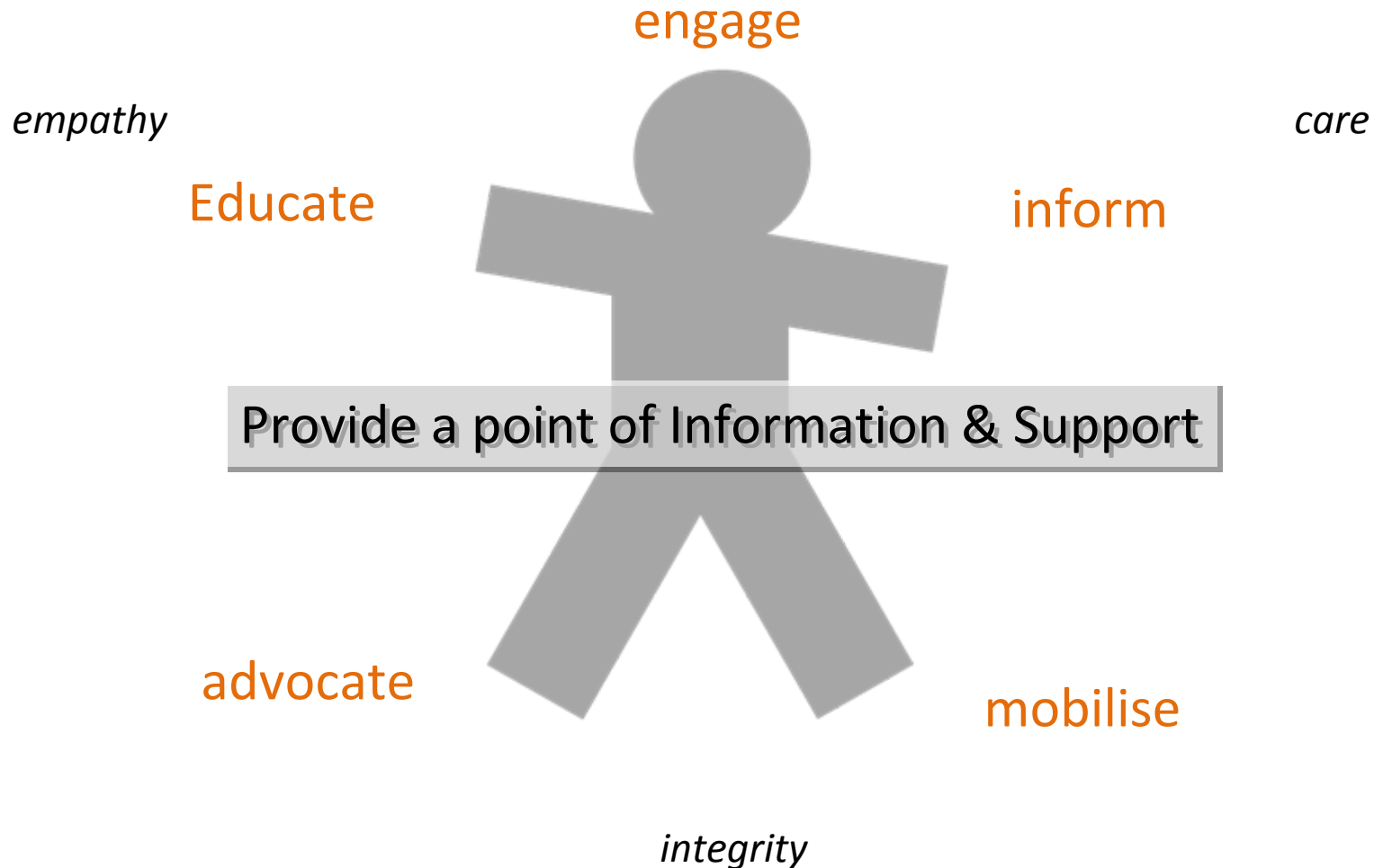
Individual Support



Community



Role of PMTCT CHWs



CMT: A-plan Activities to date



District Facilitators



**10 District
Facilitators
recruited and
trained**

PMTCT Capacity Building Training

- 30 Community Health Workers in *Zululand*
- 20 CCGs/Enrolled Nursing Assistants in *Senqu*
- 34 CCGs *Thabo Mofutsanyana*
- Training scheduled for *Amajuba, Moretele* and *Illembe* in *Sept 09*

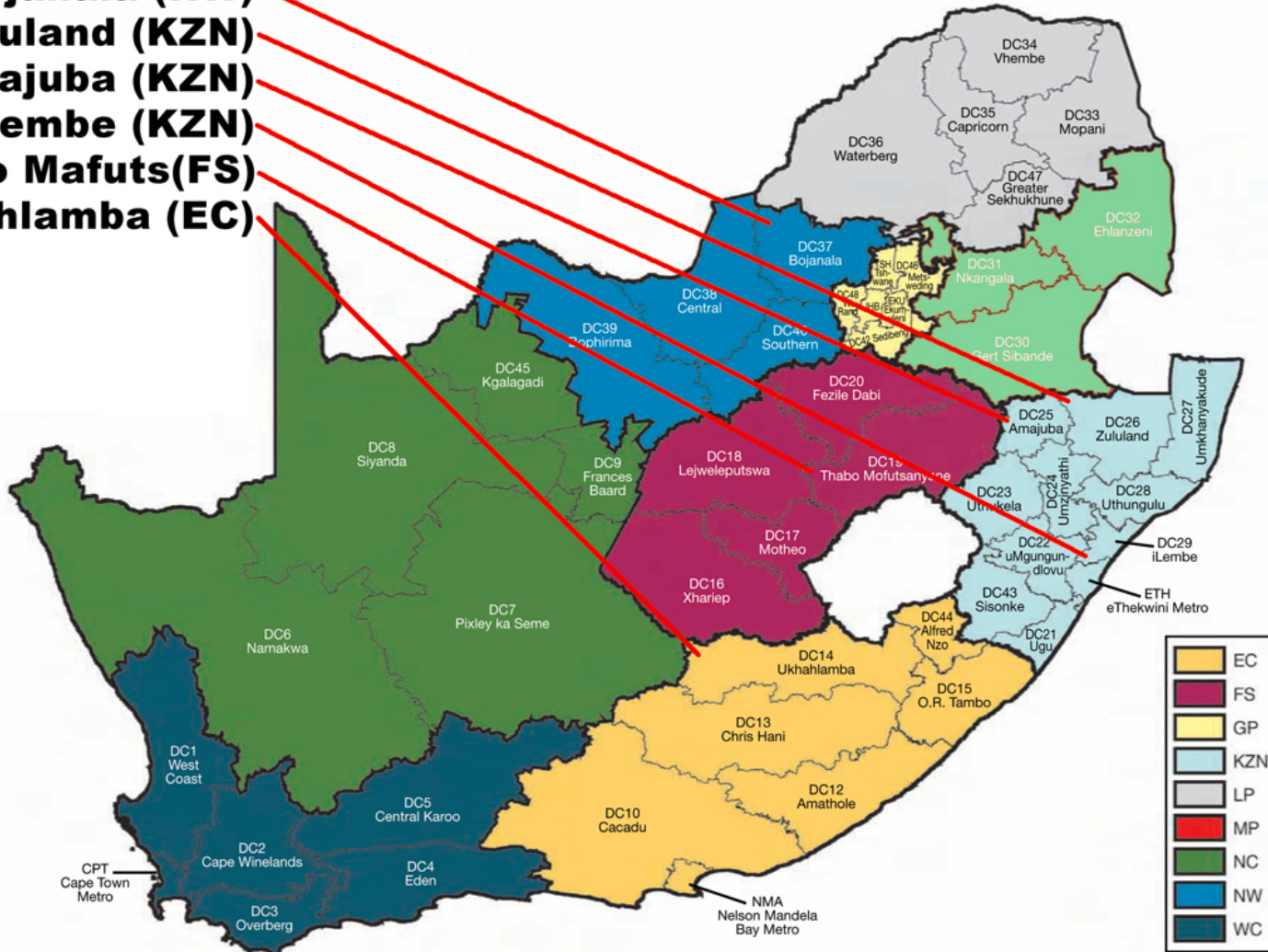
Materials

- PMTCT Pamphlets
- *Siyayinqoba Beat It!* HIV Prevention & TL DVD Manual
- *Siyayinqoba Beat It!* HIV Prevention & TL DVD Series
- Individual Follow-Up Schedule (IFS) Cards
- Pregnancy Wheel

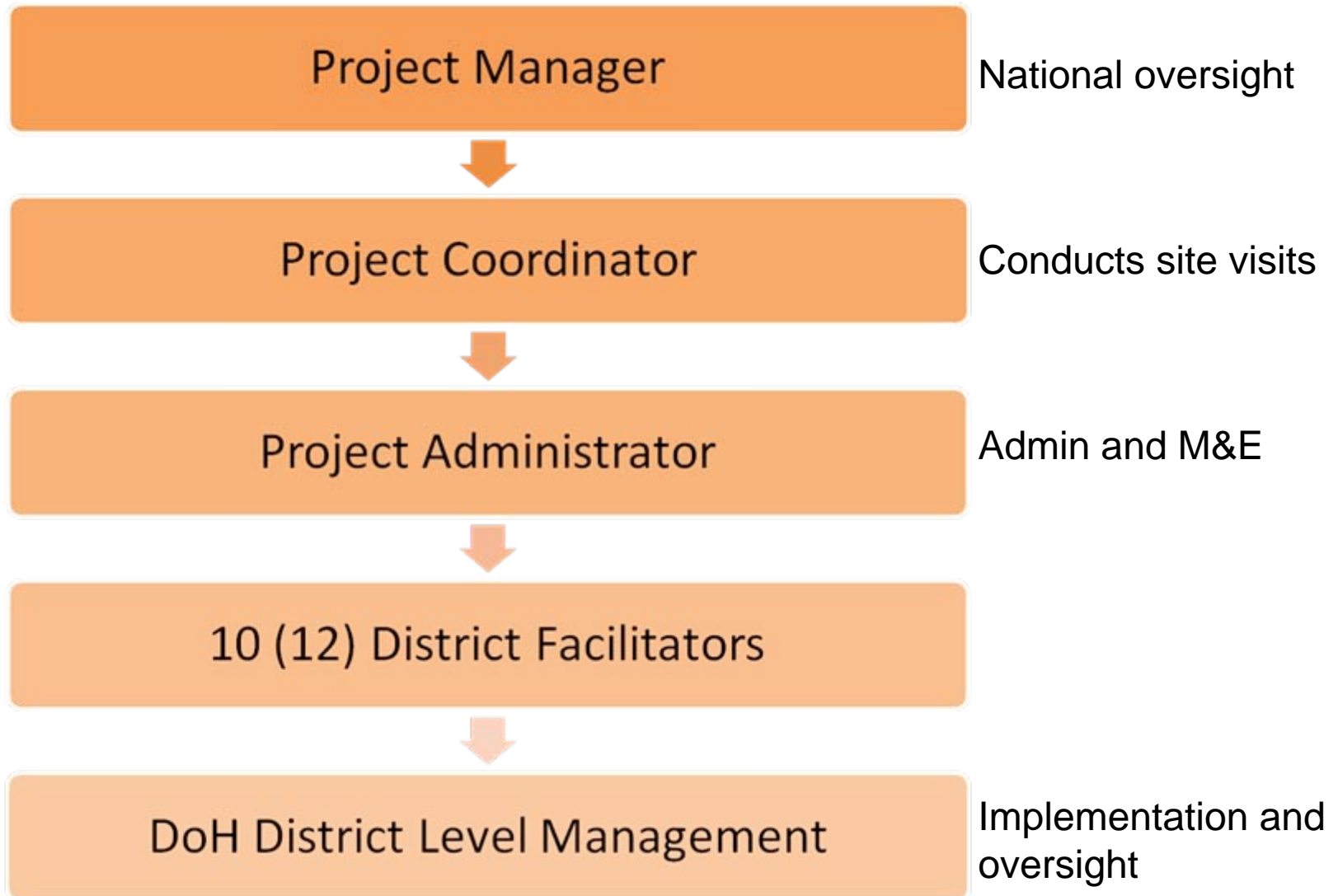
**In-Clinic Education
Sessions held in
existing CMT sites**

Operational Districts

- Bojanala (NW)**
- Zululand (KZN)**
- Amajuba (KZN)**
- iLembe (KZN)**
- Thabo Mafuts(FS)**
- Ukhahlamba (EC)**



Human Resources and Activities



A-Plan CHW Capacity Building Curriculum: 5 Day Programme



Day 1

Management Team Only

NSP

- Introduction to NSP Goals
- Context of A-PMTCT within this framework

Introduction to the Programme

- The Accelerated PMTCT Programme
- CMT Treatment Literacy model
- The role of the PMTCT Community Health Worker

Implementation

- Managing the team of CHWs
- Tools and Resources
- Monitoring & Evaluation

Day 2

Management Team & CHWs

Body Systems

- Different Body systems and their components – how they work together to create a healthy body
- Immune System is just one of the systems
- How the systems are affected by HIV
- Germs (eg virus / fungus)
- What is an Opportunistic Infection?
- How do they affect the body's systems?

Understanding HIV

- Myths & Truths
- Discovery of and history of the Epidemic
- HIV Causes AIDS
- Modes of Transmission: How you can and how you cannot get HIV
- Risk
- Viral Load & CD4
- Stages of HIV

Day 3



Management Team & CHWs

Prevention

- A-H Strategy [Abstinence / Break the Silence / Condomise / Devise Strategies (regionally specific stumbling blocks and root causes) / Educate Yourself / Femidoms / Get Tested / Have one partner]
- Partner Reduction
- Alcohol & Drugs: Risk and Plans
- Transactional Sex
- Intergenerational Sex: Power and condom negotiation
- Male Circumcision
- VCT
 - What is VCT
 - Who should go for VCT
 - Why is it important (protect yourself and others / early care and treatment / stigma & discrimination)

Protocol (consent, counselling, finger prick, results, post counselling, return visits & CD4)

Return Testing & Window Period

Referral

- PEP

PMTCT – Healthy Mother, Healthy Child

- MTCT: modes of transmission
- Protocol
- Feeding Options
- Maternal Health
- PMTCT Song
- One on One Sessions - Individual Follow Up Schedule [IFS] Card
- Clinical Scenarios & Role Play one-on-one sessions working through Follow Up Process

Day 4

Management Team & CHWs

HIV Lifecycle

- How HIV works in our bodies
- Structure of HIV and CD4 cells
- Process of the HIV Lifecycle

ARVS: Adults and Children

- What are ARVs / Goals of Therapy
- Different classes of ARVs
- How ARVs work
- Protocol: Selection

Readiness

Initiation / Regimens

Side Effects

Adherence & Monitoring

Resistance

IRIS

Day 5

- Management Team & CHWs
**Evaluation of Week's Training
Closure & Debrief**

District Level Management of the PMTCT In-Clinic Education Programme



The PMTCT Capacity Building Training works with the Clinic/Sub District and District management teams to establish a clear implementation plan for the In-Clinic Education Programme and the management of the team of PMTCT-Capacitated-CHWs.

- This ensures that the programme is integrated in existing sub district activities
- Promotes programme sustainability.
- While the DFs will be in the region to offer support, the Clinic and Sub-District Management Teams share this management responsibility.

District Facilitators



Two DFs assigned to live in each district with role to:

- Work with the PMTCT Community Health Worker
- Support & assist the in-clinic education sessions
- Conduct regular clinic visits to monitor the education sessions
- Keep daily time sheets accounting for their activities
- Coordinate regular meetings between CHWs & DoH management
- Work closely with national DoH and Sub-District management teams in promoting Social Mobilisation within the A-Plan
- Conduct Individual Follow Up using the IFS and additional training *if enabled through additional funding and support beyond October 2009*

DFs may require a work space and access to fax and printing facilities

Implementation – to be driven by district DoH management:



- Day to Day coordination
- Hours of Work
- Meetings
- HR Policies and Guidelines
- Management Structure

Lessons Learnt:



District Facilitators:

- require additional support to facilitate CHW logistics & management
- able to build relationships with the CHWs & management teams

Community Health Workers:

- committed, enthusiastic & eager to work with material
- IFS cards require training time & extensive scenario practice

Sub District/District management teams:

- committed to the programme & work well to integrate

M&E:

- to be integrated into DoH management structures

Additional Roles and Responsibilities



Assistant Coordinator

- Management of DFs through site visits.
- Needs accommodation for site visits and valid driver's license for rural sites.

Project Administrator

- Handling of travel, payments and logistical requirements.
- Based at CMT Head Office in Cape Town.

Project Coordinator

- Oversight of the project's management.

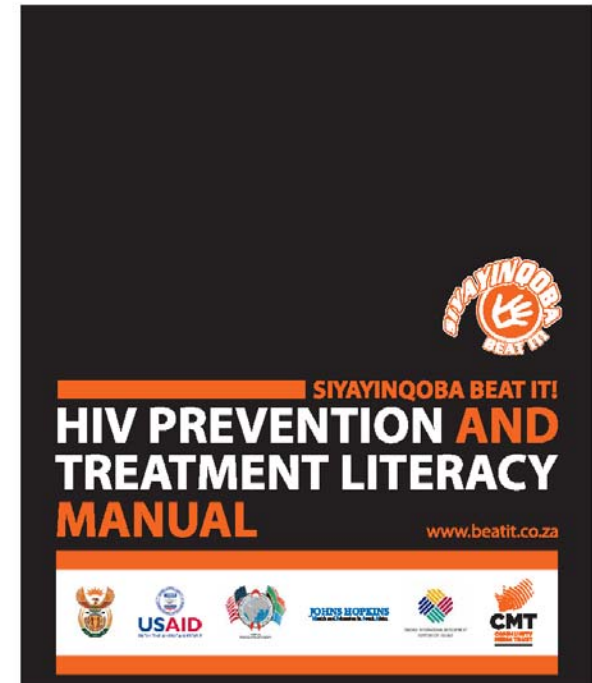
Implementation: Tools & Resources



Treatment Literacy
DVD Series



Prevention & Treatment Literacy
Manual



Implementation: Monitoring & Evaluation



CHMT PMTCT SESSION REPORT

1	District	Zululand			
		Amajuba			
		Ukhahlamba			
		Bojanala			
		Thabo			
		Mofutsanyane			
		CMT Provincial Site			
2	Name				
3	The session was a:	Treatment literacy session	<input checked="" type="checkbox"/>		
4	Date of session	day	month	year	
5	Where was the session held?	Clinic/hospital			
		Youth Centre			
		Community Centre			
		Church			
		Shopping Centre			
		Taxi Rank			
		Client's Home			
		Other: Specify			
		6	Name of place where session held?		
		7	Number of session participants:	Male	
Female					
8	What time did the session start? (example: 09h00)				
9	What time did the session finish? (example: 10h30)				
10	What was the session topic? (You can rank more than one but not more than three)	ARV (Readiness & Adherence)			
		HIV & the Immune System			
		Opportunistic infections			
		PEP & Rape			
		PMTCT & Maternal Health			
		Positive Living			
		Prevention: Alcohol & HIV Risk			
		Prevention: Condoms			
		Prevention: Partner Reduction			
		Prevention: Transactional & Intergenerational Sex			
		STI's			
		TB			
		Teenage Pregnancy			
VCT					
Other: Specify					

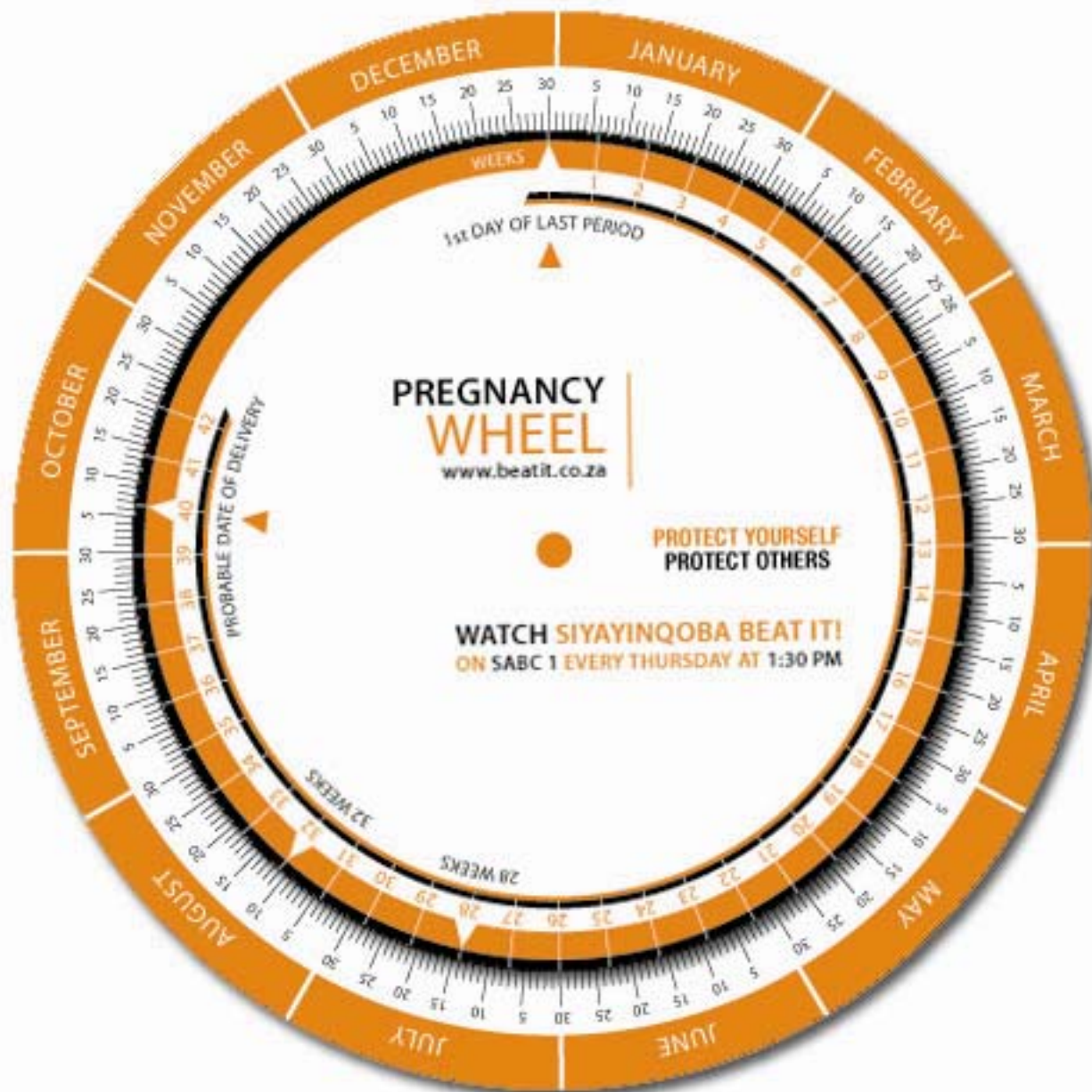
VOLUNTEER FOLLOW-UP SCHEDULE FOR EXPECTANT MOTHERS: PMTCT

PATIENT DETAILS:

CHW DETAILS:

Mother's name:	CHW's name:
Signature in consent of volunteer follow-up:	CHW signature for confidentiality:
Telephone number:	Telephone number:

Last period:	Due date:	Clinic:	
HIV test Y/N:	Date:	Mother's blood pressure:	Eligibility for AZT:
Retest (if negative) @ 34 weeks:	1st reminder:	2nd reminder:	Test date:
CD4 count:	Date:		
28 week follow-up:	1st reminder:	2nd reminder:	Begin AZT:
Single dose NVP Issued Y/N:	Date:		
Labour:	1st reminder:	2nd reminder:	During labour: AZT every 3 hours Cotrimoxazole (b)
Post-natal baby treatment:	1st reminder:	2nd reminder:	sdNVP to baby w 72 hours
1st reminder:	2nd reminder:	AZT for 7 days	AZT for 28 days
Baby testing 6 weeks PCR test 1	1st reminder:	2nd reminder:	Test date:
After weaning (if breastfeeding) PCR test 2	1st reminder:	2nd reminder:	Test date:



thank you

